

GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF APPEALS AND REVIEW

NOTICE OF APPEAL

APPEAL IS HEREBY MADE FROM

THE DEPARTMENT OF

VIOLATION, CIVIL INFRACTION, OR SOCIAL SECURITY NUMBER:

DATE OF DECISION: _____

DATE OF RECEIPT OF THE DECISION: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME TELEPHONE NUMBER: () _____

STATEMENT OF APPEAL: (ATTACH AN EXPLANATION, IF NECESSARY)

SIGNATURE OF APPELLANT (S)

DATE: _____